

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO

10/9  
APPLICANT(S)

**FILING DATE**

**CLAIMS**

	CLAIMS					
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2	2				
TOTAL DEP.	16	16	16	16	16	16
TOTAL CLAIMS	18	18	18	18	18	18